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GOVERNMENT DOCUMENTS

THE AGING POPULATION

FACTSHEETS

April, 1982

THE
**SOCIAL
PLANNING**
and RESEARCH COUNCIL
of Hamilton and District



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INTRODUCTION

"None of the headline-makers with which we are so constantly bombarded - neither OPEC nor all the promised shortages of food, metals or minerals, that are now so widely predicted nor any other crisis of the moment - are nearly as important, let alone as real, as the changes taking place in population structure and population dynamics. Yet few businesses and fewer governments have even perceived them."

Peter Drucker,
Managing in Turbulent Times.

As reflected in the above quote, policy analysts and planners are becoming more aware of the profound socio-economic effects of changes in the demographic structure of society. Of central concern here is the "aging" of our society.

Community service agencies will be effected at least as much as other organizations by the magnitude of these demographic changes and their planning efforts must recognize the importance of these shifts.

In recognition of this, the Social Planning and Research Council is publishing a series of fact sheets and discussion papers on the social impacts of demographic change.

FIGURE I: ONTARIO BIRTHRATES
1921-1971

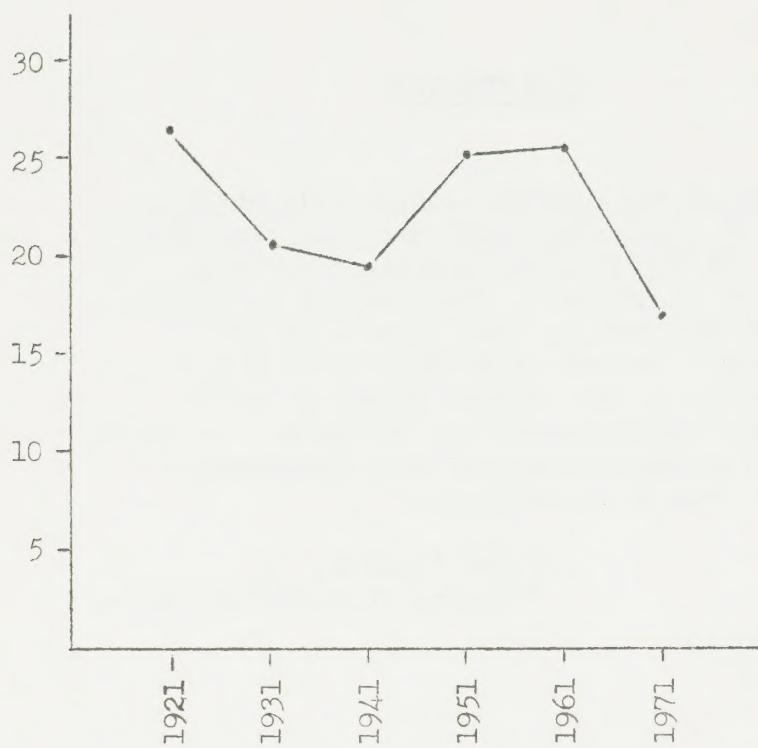


FIGURE II: ONTARIO: % INCREASE IN POPULATION
65 YRS. & OVER

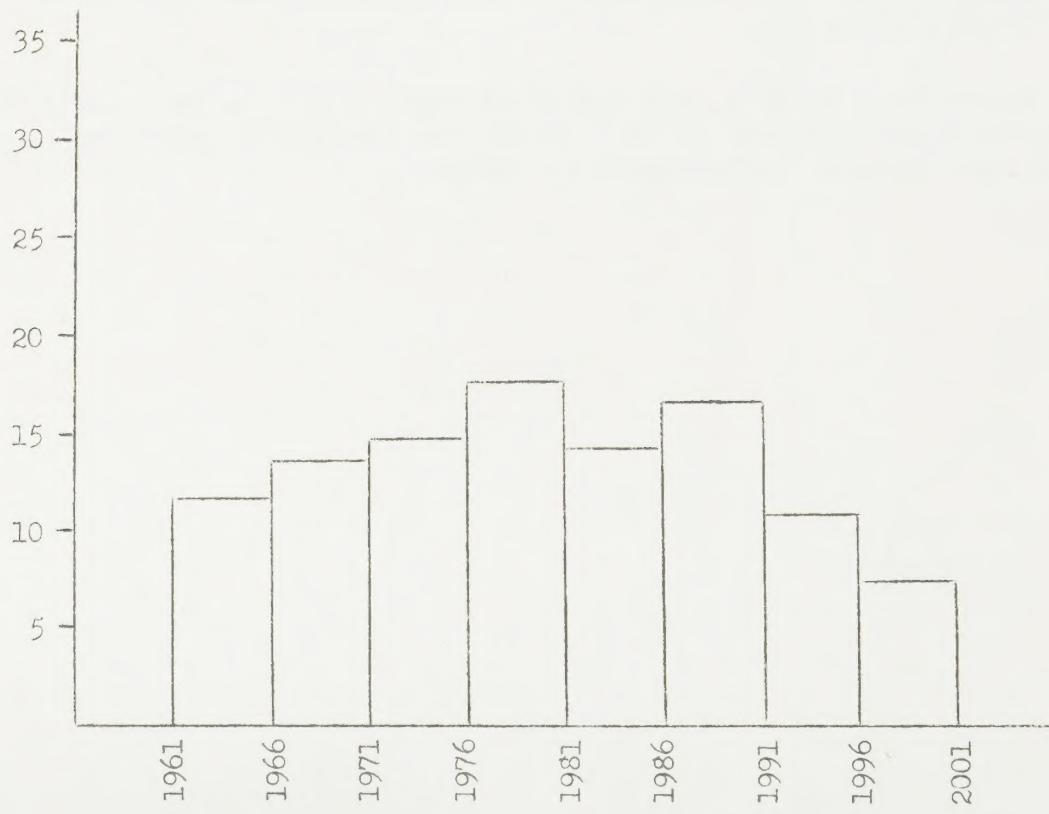


FIGURE I: BIRTHRATES - THE SOURCE OF CHANGE

Fluctuations in the size of our seniors population closely reflects past birthrates. Ontario has experienced two major "baby-booms" during the past eighty years. The first peaked in 1921 while the second peaked in the 1951-1961 decade. Many of the people born in the 1921 boom became the parents of the babies born during the fifties.

It is this group, the 1921 babies, who are now in the process of turning 65.

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FIGURE II: THE INCREASING SENIORS GROUP

The high birthrate cohort born between 1911 and 1925 begins turning 65 in 1980. Consequently, we are in the midst of a fifteen year period of rapid increase in the size of the 65 and over population. There is a small drop in the rate of increase between 1981 and 1986 as a result of lower birthrates during the First World War.

The rate of increase in this population group will then go into a decline, corresponding to the relatively low birthrates between 1931 and 1946. It will remain low until 2011 when the post World War II baby-boom begins to enter that age group and the rates of increase will sky-rocket once again.

FIGURE III: ONTARIO % INCREASE IN SENIORS POPULATION
1976-2001, BY SUB-GROUPS

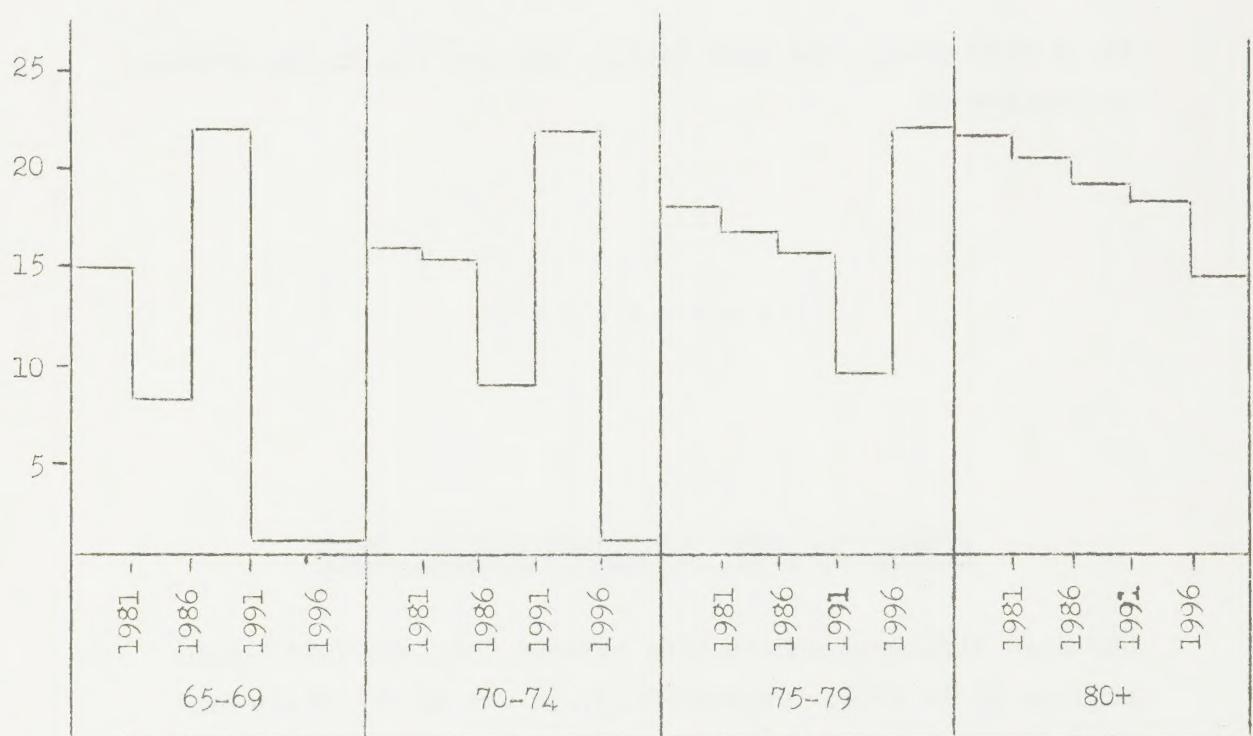


FIGURE III: TRENDS WITHIN THE 65 & OVER GROUP

The over 65 group is not homogeneous in terms of their needs. The needs of a 65 year old person are quite different from that of an 85 year old. It is important, therefore, to view the increase in this age group by its sub-components.

The largest increase in the 65 to 69 group will occur in the latter half of this decade. This is the cohort that was born between 1921 and 1926, at the height of the pre-depression baby-boom. They have a uniform effect of increasing an age group by 22% as they pass through the life cycle. Thus, for example, 5 years later, between 1991 and 1996, they will increase the 70-74 age group by 22%.

The present rapid increases in the older age groups is a combined result of birthrates and immigration in the early part of this century coupled with longer life expectancies.

FIGURE IV-A: ONTARIO AVERAGE LIFE EXPECTANCY FOR PERSONS
60 YRS. OF AGE, 1951-1976

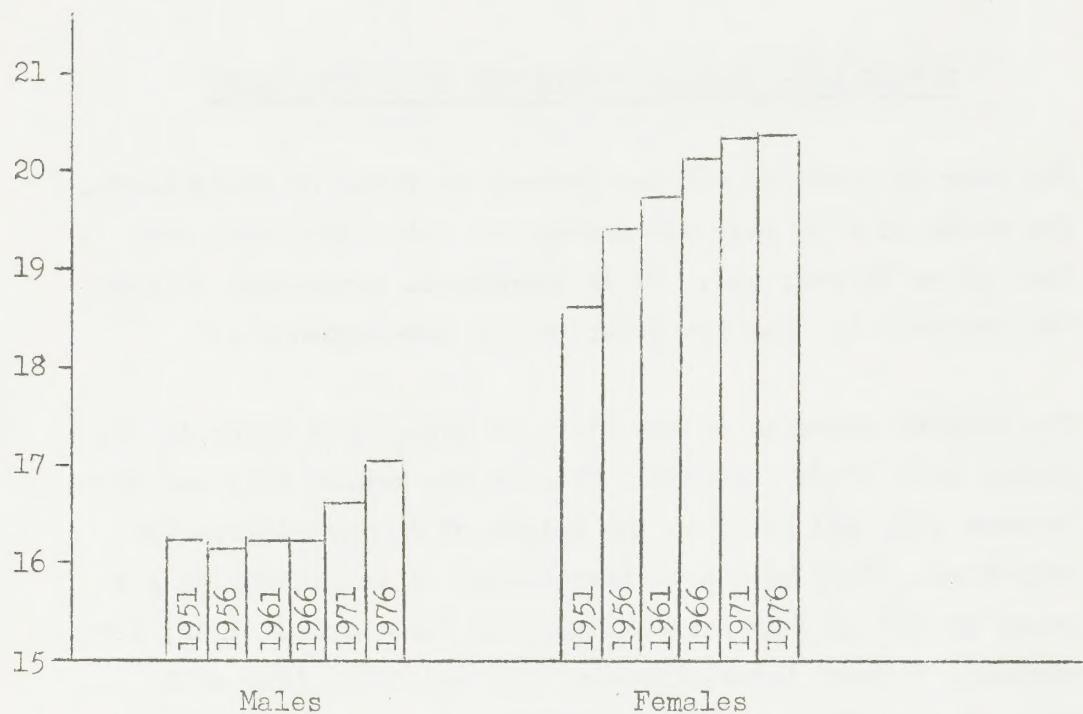


FIGURE IV-B: SEX DIFFERENTIAL IN AVERAGE LIFE EXPECTANCY FOR PERSONS
60 YRS. OF AGE, 1951-1976

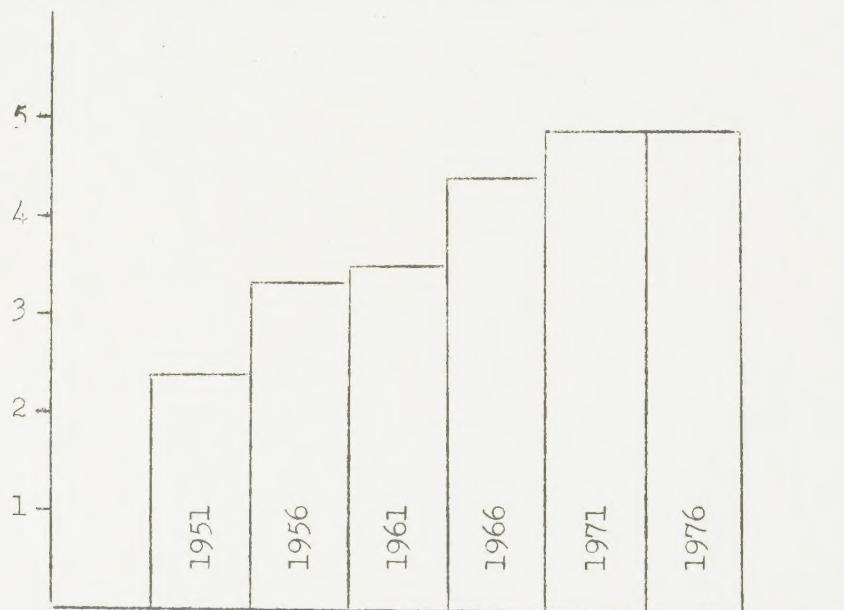


FIGURE IV: LIFE EXPECTANCY

Increased life expectancy has been a major factor in the increase in the seniors population, particularly at the older end of the age spectrum.

There are, however, important sex differences in life expectancy. Between 1951 and 1976, the life expectancy of 60 year old females increased by three years and four months, while that of males increased by only ten months.

Females had a longer life expectancy in 1951 and, as a consequence, by 1976 the average sixty year old woman was expected to live five years longer than the average sixty year old male.

For this reason, there tends to be significantly more women in the seventy-five and over age group than men.

FIGURE V: HAMILTON-WENTWORTH

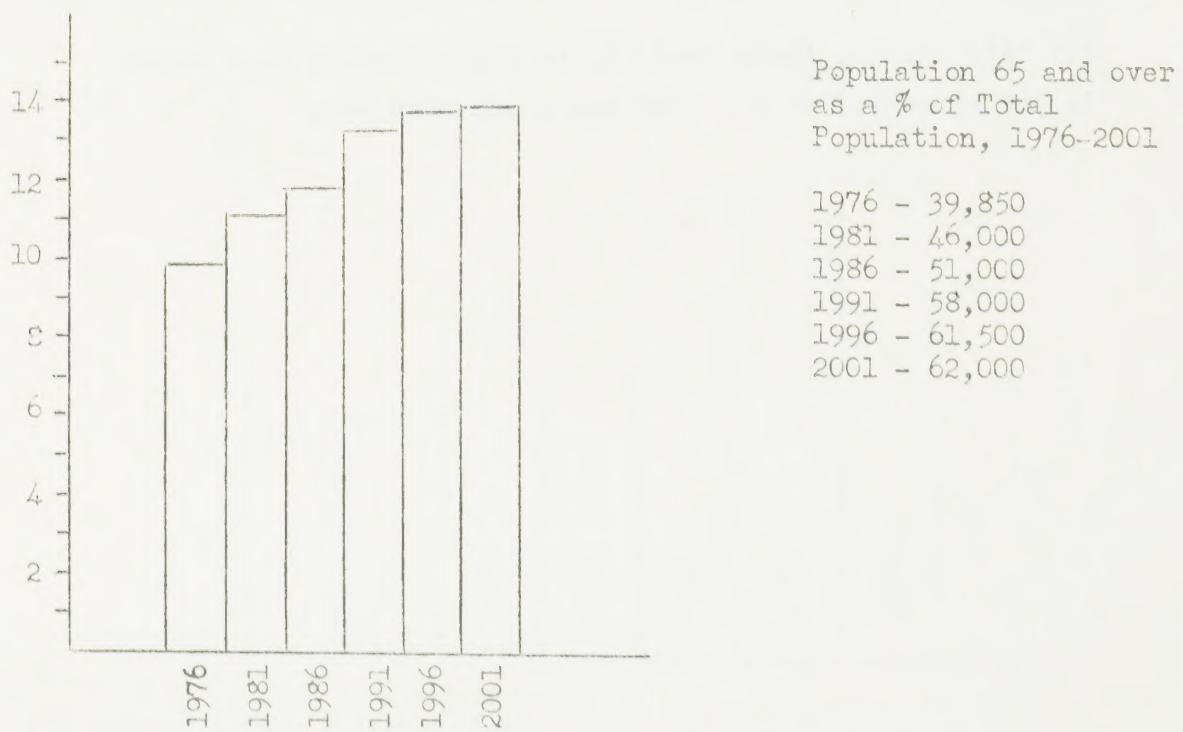


FIGURE V: THE LOCAL SITUATION

Local trends closely reflect those of the Province. The size of the seniors population increased rapidly between 1976 and 1981. Another rapid increase is expected between 1986 and 1991. Then the rate of increase will fall dramatically.

By 2001, seniors will represent almost 14% of the local population - up from 9.7% in 1976.



OVERVIEW

1981-1986

Moderate increase in the seniors population. Low increase in the 65 to 69 age group but sizeable increases in the 75 and over group. Differential life expectancies of males and females are important in the older age groups. Consequently, this period will probably correspond with a major increase in the number of widows.

1986-1991

Larger increase in the overall seniors population due to the arrival of 1920 baby-boom. Rapid increase in the 65 to 69 group and, consequently, a large number of retirements. Slower increase in the 75 and over group and low increase in the 70-75 group.

1991-1996

Overall increase in seniors population begins to slow down relative to past 15 years.

Very small increase in the 65 to 69 group. Number of retirements will drop dramatically.

The size of the 70 to 74 age group will increase significantly. Differential life expectancies of sexes will again become important and an increase in the number of widows can be expected.

1996-2001

Slow growth in the overall size of seniors population to a rate well below 1961 levels. Negligible growth in the 65 to 69 group and number of retirements will be low. Negligible increase in the 70 to 74 group.

Major increase in the older group, 75 to 79. Number of widows will continue to increase.

Rate of increase in the 80 and over group will be at a lower than average level but still much higher than that of the younger age groups.

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FUTURE ISSUES

Retirees in the near future will probably be more affluent than their predecessors as a result of improvements in pension plans during the past twenty years. Inflation will be a negative factor although this will be tempered somewhat by the fact that seniors are less susceptible to inflationary pressure than other age groups. They have the lowest debt load of all age groups and, as a consequence, are less effected, in a direct sense, by interest rates.

Retirees of the eighties and nineties will also have a significantly higher level of education than their predecessors. The level of education has been found, repeatedly, to be positively related to political participation and citizen participation.

These new seniors, therefore, are more likely to be "activists" than their predecessors. Their level of participation plus the sheer growth in their numbers will make retirees an increasingly important political force in the country.

The increase in the number of highly skilled and active retirees in the community will greatly enhance the supply of potential volunteers for civic and humanistic undertakings.

Health and pension expenditures will come under heavy pressure in the future. The major impact in the health field will be on hospital expenditures rather than physician fees. A real increase in hospital expenditures of 15.9% by 2001 is expected, as compared to 5.6% in physicians services. Between 2001 and 2031, the respective figures are 7.5 and 30.9.

Real federal expenditures on Old Age Security and the Canada Pension Plan are expected to increase by 48% and 283% between 1981 and 2001.

In an era of slower economic and population growth, these increased expenditures will inflict a considerable strain on government expenditures. Consequently, the competition among different community service sectors for funds will become more acute.

Given a heightened level of activism, constrained government funding and the expanded pool of volunteers, there will probably be a rapid increase in the self-help mode of assistance rather than the more traditional institutional form of service.

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SOURCES

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